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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0652-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

**Assistant Commissioner for Patents
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Washington, DC 20231**

Attorney Docket No.

TRM DV2412 RE

First Named Inventor

Rheindlander

Original Patent Number

5,863,064

Original Patent Issue Date
(Month/Day/Year)

January 26, 1999

Express Mail Label No.

EL570816240US

APPLICATION FOR REISSUE OF:



Utility Patent



Design Patent



Plant Patent

(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53) to follow
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney to follow
(PTO/SB/96) to follow

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to
the claims. See 37 CFR 1.173 (c).
8. ☒ Original U.S. Patent for surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS



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NAME (Print/Type)

Steven J. Grossman

Registration No. (Attorney/Agent)

35,001

Signature

Date

1-24-01

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Rheinlander et al

Docket No.

TRM DV2412 RE

Serial No.

Filing Date

January 24, 2001

Examiner

Group Art Unit

Invention: Skin for Automotive Air Bag Cover Panel Formed By Casting Different Plastic Materials

1c918 U.S. PTO
09/768635
01/24/01I hereby certify that this **REISSUE PATENT APPLICATION**

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under

37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

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Kristine Stevens

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

TRM DV2412 RE

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 51	Total Claims (37 CFR 1.16(j))	(B) 106	**** 55 =	x \$ _____ =	or	x \$18 =	990.00
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 4	* 0 =	x \$ _____ =		x \$80 =	-0-
Basic Fee (37 CFR 1.16(h))				\$710			\$710.00
Total Filing Fee				\$		OR	\$1700.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$		OR	\$

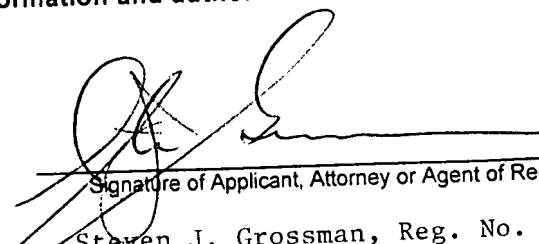
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-1391.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**1-24-01
Date

 Signature of Applicant, Attorney or Agent of Record
 Steven J. Grossman, Reg. No. 35,001
 Typed or printed name